

STATE OF MONTANA

MISCELLANEOUS CLAIM FOR SERVICES APPELLATE CASES

Vendor ID #

☐ Expert Witness
☐ Transcripts/Depositions
☐ Mental Health Evaluation
☐ Chemical Dependency Evaluation
☐ Psychosexual Evaluation
☐ Other (**MUST** Specify) _____

☐ Investigator
☐ Interpreter
☐ Polygraph/DNA Testing

Claimant must attach an itemized invoice to this summary form. The invoice must detail services by assigned OPD client number and document dates, time spent, rate of pay, and a description of the activity. Attach a copy of the pre-approval notice for any pre-approved costs. OPD client numbers are assigned by the Regional Office. Separate summary forms must be prepared for non-conflict and appellate cases. The attorney requesting your services can direct you to the appropriate form. All travel expenses reported on this claim are to be detailed on a travel expense voucher form by case number and attached to this claim form. Claimant must submit a monthly claim by the 10th of the month following the month in which costs were incurred. **Submit this claim to the Office of the Appellate Defender, P.O. Box 200145, Helena MT 59620-0145. Please mail the original. We cannot accept faxes.**

Month of Service

Client Name	OPD-Assigned Case ID #	Attorney's Name	Total Fees	Total Costs (including Travel)	Total Fees & Costs
TOTALS			-	-	-

The undersigned claimant certifies that the cases listed, expenses claimed and the times reported are true and accurate.

Appellate Defender's Approval/Date of Approval

Signatures above certify that all costs in excess of \$200 have been pre-approved.

OPD 070308MCA